Case 1-14-42338-cec Doc 27 Filed 06/30/14 Entered 06/30/14 12:59:03

B6A (Official Form 6A) (12/07)

In re	Martires Trinidad			ase No. <u>1-14-42338</u>	<u></u>
_		Debtor			
	11 1111110000	SCHEDULE A - REAL PRO			
cotenant, the debtor "J," or "C" "Descripti	community property, or in which the de 's own benefit. If the debtor is married, " in the column labeled "Husband, Wife ion and Location of Property."	rty in which the debtor has any legal, equiptor has a life estate. Include any property state whether husband, wife, both, or the n. Joint, or Community." If the debtor holds	n which the one in marital commus no interest in	nity own the property by pla real property, write "None"	cing an "H," "W," under
Unexpire If a	d Leases. In entity claims to have a lien or hold a should a secured interest in the property.	tracts and unexpired leases on this school ecured interest in any property, state the a write "None" in the column labeled "Amou exemption claimed in the property only in	amount of the s	secured claim. See Schedule Claim." If the debtor is an in	D. If no entity idividual or
	Description and Location of Proper	ty Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
81-19 10	House Located At: 2 Ave ark, NY 11418	Owner in Fee Simple	<u>-</u>	Unknown	500,000.00

Sub-Total > 0.00 (Total of this page)

Total >

0.00

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

In re Martires Trinidad		Case No. <u>1-14-42</u>	338
	Debtor		
Amended SCHEDULE C.	PROPERTY CLAIMED AS	EXEMPT	
Debtor claims the exemptions to which debtor is entitled up (Check one box) 11 U.S.C. §522(b)(2) 11 U.S.C. §522(b)(3)	\$155.675 (Amoun	claims a homestead exer t subject to adjustment on 4/1/ spect to cases commenced on a	nption that exceeds 16, and every three years thereafte or after the date of adjustment.)
Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property 2 Family House Located At: 81-19 102 Ave Ozone Park, NY 11418	NYCPLR § 5206	Unknown	Unknown
<u>Checking, Savings, or Other Financial Accounts, C</u> Checking Acct - Chase Bank	ertificates of <u>Deposit</u> NYCPLR § 5205(a)(9)	800.00	800.00
Household Goods and Furnishings Furniture \$950.00 TV (2) \$300.00 Computer \$150.00 Clothes \$750.00	NYCPLR § 5205(a)(5)	2,150.00	2,150.00

Total:

2,950.00

2,950.00

-: 11 :	allie information to identify your co	000							
Debt	this information to identify your ca or 1 Martires Trin								
Debt		Idad	44 494	<u> </u>	_				
	ed States Bankruptcy Court for the:	EASTERN DISTRICT	OF NEW YORK		_				
Case number 1-14-42338 (/f known)						Check if this is: An amended filing A supplement showing post-petition chapte 13 income as of the following date:			
Of	ficial Form B 6l	1	1 1			MM / DD/ Y		mowing date.	
	hedule I: Your Inco	ome - <i>Ame</i>	ented						12/13
enoi	olying correct information. If you use. If you are separated and you has separate sheet to this form.	r snouse is not filing Wi	ith vou. do not include	infor	mation	about your spe	ouse. It m	ore space is	necaca,
1.	Fill in your employment information.		Debter 1			Debtor	or non-fl	ling spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed □ Not employed			☐ Empl	-		
		Occupation	Manager			·			
	Include part-time, seasonal, or self-employed work.	Employer's name	Royal Mattress Li	_C	···				·
	Occupation may include student or homemaker, if it applies.	Employer's address	4400 Glenwood R Brooklyn, NY 112	_			de · ·		
		How long employed to	here? <u>1 Year</u>						
Par	Give Details About Mor	nthly Income							
	mate monthly income as of the dise unless you are separated.	ate you file this form. If	you have nothing to rep	ort for	any lir	e, write \$0 in the	e space. Ir	nclude your no	on-filing
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information	for all	employ	ers for that pers	on on the	lines below. It	f you need
						or Califor (bter 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$_	3,010.00	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$_	0.00	+\$	N/A	•
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$_	3,010.00	\$_	N/A	

Debt	or 1 <u></u>	Martires Trinidad		Case n	umber (if known)	1-14-42338		
	Com	y line 4 here	4.	For I	3,010.00	For Debtor non-filings		
		" " " " " " " " " " " " " " " " " " " 	••	*—	0,010.00	<u></u>	1074	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	752.00	\$	<u> </u>	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5¢.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	752.00	\$	N/A	
7 .	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,258.00	\$	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	2,900.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$ 	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	` \$ <u></u>	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f. 8g.	Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e 8f. 8g.	\$	0.00	\$	N/A N/A	
	8h.	Other monthly income. Specify:	8h.+	š	0.00	+ \$	N/A	
	OII.	outer montally moonie. Specify.	_ '''		0.00	· <u> </u>	IVA	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,900.00	\$	N/A	
10	Calc	culate monthly income. Add line 7 + line 9.	10. \$	- 1	5,158.00 + \$	N/A	= \$	5,158.00
•••		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· · · · ·	3,130.00	1975	<u> </u>	5,150.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	deper		. •	sted in Schedu	ile J. +\$	0.00
12.	Add Write appli	the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certalies	sult is t in Liab	he cor ilities	nbined monthly and Related <i>Da</i>	income. hta, if it 12.	\$	5,158.00
13.	Do y	ou expect an increase or decrease within the year after you file this form	?				monthly	
		No. Yes. Explain:						

Fill u	n this information to identify y	our ease:				
Debt	or 1 Martires Tr	inidad		Check i	if this is:	
					amended filing	
Debt	tor 2				upplement showing benses as of the follo	post-petition chapter 13
(Spu	use, ii ming)					
Unit	ed States Bankruptcy Court for	the: <u>EASTERN DISTRICT OF NEW</u>	YORK	N	M/DD/YYYY	
	nown) 1-14-42338				separate filing for De tintains a separate ho	ebtor 2 because Debtor 2 busehold
Sc	ficial Form B 6J hedule J: Your I	Expenses — Joseph are filing ded, attach another sheet to this form.	g together, both are equally	y respons	ible for supplying c	12/13 orrect
	rmation. It more space is nee (nown). Answer every question		On the top of any addition.	ai pages,	witte your name as	d cast named
Part 1.	Describe Your House Is this a joint case?	choid				<u> </u>
	■ No. Go to line 2.					
	Yes. Does Debtor 2 live i	n a separate household?				
	☐ No ☐ Yes. Debtor 2 mu	ist file a separate Schedule J.				
2.	Do you have dependents?	■ No				
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	hip to	Dependent's age	Does dependent live with you?
	Do not state the dependents'	cach dependent				□ No
	names.					☐ Yes
						□ No □ Yes
						□ Yes
						□ Yes
						□ No
						☐ Yes
3.	Do your expenses include expenses of people other th yourself and your dependen	I I Vac				
Part		ing Monthly Expenses				
exp		ir bankruptcy filing date unless you are inkruptcy is filed. If this is a supplemen				
		on-cash government assistance if you k d it on <i>Schedule I: Your Income</i> (Offici			Your exp	negralija i sa statuta i sa se
4.	The rental or home owners and any rent for the ground of	hip expenses for your residence. Includer lot.	e first mortgage payments	4. \$		3,356.00
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		0.00
		s, or renter's insurance		4b. \$		0.00
	•	epair, and upkeep expenses		4c. \$		0.00
_		tion or condominium dues		4d. \$		0.00
5.	Additional mortgage paym	ents for your residence, such as home ed	luity ioans	5. \$		0.00

Debto	or 1 Martires Trinidad	Case number (if known)	1-14-42338
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a. \$	270.00
	6b. Water, sewer, garbage collection	6b. \$	55.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	300.00
	6d. Other. Specify: cable	6d. \$	89.00
7.	Food and housekeeping supplies	7. \$	400.00
8.	Childcare and children's education costs	8. \$	0.00
-	Clothing, laundry, and dry cleaning	9. \$	140.00
		10. \$	0.00
	Medical and dental expenses	11. \$	40.00
	Do not include car payments.	12. \$	240.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	50.00
14.	Charitable contributions and religious donations	14. \$	0.00
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.	4.5	
	15a. Life insurance	15a. \$	0.00
	15b. Health insurance	15b. \$	0.00
	15c. Vehicle insurance	15c. \$	0.00
	15d. Other insurance. Specify:	15d. \$	0.00
16.		4.4	
	Specify: Estimated Taxes	16. \$	750.00
17.	Installment or lease payments:	17. F	0.00
	17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report	as deducted 18. \$	0.00
10	from your pay on line 5, Schedule 1, Your Income (Official Form 61). Other payments you make to support others who do not live with you.	s	0.00
17.	Specify:	19.	0.00
20.			
20.	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
21.	Other: Specify:	21, +\$	0.00
~1.			
22.	Your monthly expenses. Add lines 4 through 21.	22. \$	5,690.00
	The result is your monthly expenses.	L	
23.	Calculate your monthly net income.		m 400 00
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,158.00
	23b. Copy your monthly expenses from line 22 above.	23b\$	5,690.00
	23c. Subtract your monthly expenses from your monthly income.		E22 00
	The result is your monthly net income.	23c. \\$	-532.00
24.	Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage? No.		ease because of a modification to the terms of

☐ Yes. Explain:

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK					(bf093 x		
In Re:					Chapter 13		
			res Trinidad,	Debtor. x	Case No.:1-14-42338 AFFIRMATION PURSUANT TO LOCAL RULE 1009-1(a)		
	BRUG	CE FEIN	NSTEIN, ESQ., t	the attorney for th	e undersigned debtor herein, affirms as		
follow	rs:						
1. The Debtor filed a petition under Chapter 13 of the Bankruptcy 0 2014.					er 13 of the Bankruptcy Code on May 9,		
	2.	The D	ebtor has made	the following am	endments to her Schedules A, C, J:		
		a)	o reflect that the value of the premises ess the value of the premises is being				
		b)	Schedule C ha Schedule A.	s been amended t	o add premises listed in Amended		
		c)			o omit tax under payroll deductions ot deduct for taxes		
		d)	Schedule J has	s been amended to	add estimated tax expense of \$750.00.		
Dated	l:		nond Hill, NY 30, 2014				
					/s/ Rruga Fainstain		

/s/ Bruce Feinstein
Bruce Feinstein
Attorney for Debtor